



WINONA AREA YOUTH HOCKEY • BOARD MEMBER APPLICATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Family members participating on WYHA teams (age and playing level):

Hockey related experience: (Includes related on or off ice experience such as playing, coaching managing or related volunteer work)

Employer name/job responsibilities: _____

Other experience related to board position: _____

What would you like to accomplish on the WYHA Board?

Specific board interests and ability: (Check all that apply)

Fundraising

Administration

Finance

Volunteer Group

Mktg. - Public Relations

Hockey Organization

Skill Development

Web site

Programming

Other _____

Other information _____

Thank you for your interest. Applications must be received by May 9, 2008. Please mail your application the address below or, Attention: Kate Manor.